PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

Application or Docket Number

10634979

		CLAIMS AS	Column					SMALL ENTITY TYPE ()			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			10				Г	RATE	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		E	BASIC FEE	375.00	OR	BASIC FEE	750.00	
TOTAL CHARGEABLE CLAIMS			(O minus 20≃		* O			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			2 minus 3 =		* 0			X42=	N The state of the	OR	X84=		
ML	ILTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=		OR	+280=		
* If	the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2	L	TOTAL		OR	TOTAL		
	С					OTHER	THAN						
_		(Column 1)	1	(Colum HIGHE		(Column 3)		SMALL E	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		REMAINING AFTER AMENDMENT		NUME PREVIO PAID F	BER JUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=	L	X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF M	Minus	***	CLAIM	= [-]		X42=		OR	X84=		
<u> </u>	[I IIIO I I IIEOC	INTATION OF WA		ENOLINI	CLAIN			+140=		OR	+280=		
			*				L	TOTAL		OR	TOTAL		
		(Column 1)		(Colum	an 2\	(Column 3)	. Al	DDIT. FEE		,	ADDIT. FEE		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	EST BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	* NTATION OF MI	Minus	***	CL AINA	=		X42=		OR	X84=		
L	FINO I PRESE	INTATION OF MI	JUIPLE DEF	ENDENT	CLAIN			+140=		OR	+280=		
							Al	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE		
	(Column 1) (Column 2) (Column 3)							·					
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIC PAID I	BER BUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=		
	Independent	*	Minus	***		=		X42≃		OD	X84=		
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						-			OR			
* If the entry in column 1 is tess than the entry in column 2, write "0" in column 3.										OR	+280=		
**	** If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												